

DUE DATE:

TRANSCRIPT ORDER					
1. NAME Joseph J. La Rue		2. PHONE NUMBER 602-506-8541		3. DATE 07/26/2022	
4. FIRM NAME Maricopa County Attorney's Office - Civil Services Division					
5. MAILING ADDRESS 225 W. Madison Street		6. CITY Phoenix		7. STATE AZ	8. ZIP CODE 85003
9. CASE NUMBER CV-22-677-PHX-JTT		10. JUDGE Tuchi		DATES OF PROCEEDINGS 11. 07/21/2022 @ 9am	
13. CASE NAME Lake and Finchem v. Hobbs, et al.				LOCATION OF PROCEEDINGS 14. Phoenix - Crtroom 505	
16. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CRIMINAL <input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Preliminary Injunction/	
<input type="checkbox"/> BAIL HEARING				Motion to Dismiss Hearing	
18. ORDER					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMATED COSTS
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY <input checked="" type="checkbox"/> PDF (e-mail) <input type="checkbox"/> ASCII (e-mail)	
14 DAYS	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
7 DAYS(expedited)	<input type="checkbox"/>	<input type="checkbox"/>			
3 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>		E-MAIL ADDRESS laruej@mcao.maricopa.gov	
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).					
19. SIGNATURE /Joseph La Rue					
20. DATE 07/27/2022					
TRANSCRIPT TO BE PREPARED BY			ESTIMATE TOTAL		
ORDER RECEIVED		DATE	BY	PROCESSED BY	PHONE NUMBER
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	

DISTRIBUTION:

COURT COPY

TRANSCRIPTION COPY

ORDER RECEIPT

ORDER COPY